

13546

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Goldsboro		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Goldsboro	
c. LENGTH OF STAY IN TB 67 Yrs.		d. STREET ADDRESS None	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Elnora Middle Catherine Last Bishop		4. DATE OF DEATH Month 12 Day 30 Year 19 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-9-1892
9. AGE (In years lost birthday) 67 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Truman Richards		14. MOTHER'S MAIDEN NAME Kate Bilbrough	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 218-20-3481	
17. INFORMANT Oscar Bishop		Address Goldsboro, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arteriosclerotic Cardiovascular DUE TO (c) Dis.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from May 15, 1957 , to Dec. 30, 1959 that I last saw the deceased alive on Dec. 29, 1959 , and that death occurred at 2 A. M. from the causes and on the date stated above.			
ACTUAL SIGNATURE Charles H. Stonesifer M.D.		ADDRESS (Street, city or town, state) Greensboro, Md. DATE SIGNED 12/31/59	
PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 1-2-1960	22c. NAME OF CEMETERY OR CREMATORY Greensboro	22d. LOCATION (City, town, or county) (State) Greensboro, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulares		ADDRESS Greensboro, Md.	
24a. REC'D BY REGISTRAR DATE JAN 5 '60		24b. REGISTRAR'S SIGNATURE Arthur S. Kline	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Reg. Dist. No.

13528

13547

1. PLACE OF DEATH a. COUNTY <u>Caroline</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Federalburg</u>				c. LENGTH OF STAY IN 1b <u>15yrs.</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>L.</u> Last <u>Brown</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>21</u> Year <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 16, 1887</u>	
9. AGE (In years lost birthday) <u>72</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer and</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Employee</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13. FATHER'S NAME <u>Charles A. Brown</u>				14. MOTHER'S MAIDEN NAME <u>Mary F. Hurlock</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>113-22-8403</u>			
INFORMANT <u>Mrs. Mattie Brown</u>				Address <u>Federalburg, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis.</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause last. (b) <u>Arteriosclerotic Cardiovascular Disease.</u> (c) <u>Instantly</u> INTERVAL BETWEEN ONSET AND DEATH							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				(County)		(State)	
21. I certify that I attended the deceased from <u>12-21, 1959</u> to <u>12-21, 1959</u> that I last saw the deceased alive on <u>Dec 20 1959</u> , and that death occurred at <u>12:30 P.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>W. E. Lennon</u> M.D.				ADDRESS (Street, city or town, state) <u>Federalburg Md.</u>			
PHYSICIAN'S NAME (Type) <u>W. E. Lennon M.D.</u>				DATE SIGNED <u>12-22-59</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Dec. 24, 1959</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		22d. LOCATION (City, town, or county) (State) <u>Federalburg, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey W. Lennon - Federalburg, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>DEC 28 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kline</u>	

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1935

CERTIFICATE OF DEATH

1935



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13548

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None		d. STREET ADDRESS None	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Thomas Middle C. Last Gaitley		4. DATE OF DEATH Month 12 Day 16 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-22-1884
9. AGE (In years last birthday) 75 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Store		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Gaitley		14. MOTHER'S MAIDEN NAME No Record	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Rose Gaitley Ridgely, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure 241X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic Bronchial DUE TO (c) Asthma		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 15 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from April 1953 to Dec. 15, 1959 , that I last saw the deceased alive on Dec. 15, 1959 , and that death occurred at 8:30 A.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE Charles H. Winnacott M.D.		ADDRESS (Street, city or town, state) Ridgely, Md DATE SIGNED 12/17/59	
PHYSICIAN'S NAME (Type) Dr. Charles H. Winnacott MD. Ridgely, Maryland			
22a. BURIAL, CREMATION, REBURY (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (State)
Burial	12-19-59	Holy Cross	Greensboro, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulaie ADDRESS Greensboro, Md.		24a. REC'D BY REGISTRAR DATE DEC 21 '59	
		24b. REGISTRAR'S SIGNATURE Arthur L. Hanna	

TO HOSPITAL: The attending physician: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

12345

DECEASED'S NAME [Name]		SEX [Sex]		AGE [Age]	
DATE OF BIRTH [Date]		PLACE OF BIRTH [Place]		RACE [Race]	
DATE OF DEATH [Date]		PLACE OF DEATH [Place]		TIME OF DEATH [Time]	
CAUSE OF DEATH [Cause]		MANNER OF DEATH [Manner]		MEDICAL HISTORY [History]	
SIGNATURE OF PHYSICIAN [Signature]		SIGNATURE OF CORONER [Signature]		SIGNATURE OF REGISTRAR [Signature]	
CERTIFICATE NO. [Number]		COUNTY [County]		CITY [City]	

12345

THIS CERTIFICATE IS VALID FOR THE PURPOSES OF THE MARYLAND DEPARTMENT OF HEALTH - BALTIMORE, MD. IT IS NOT VALID FOR ANY OTHER PURPOSES. IT IS THE POLICY OF THE DEPARTMENT TO MAINTAIN THE ACCURACY OF THIS INFORMATION. ANY CHANGES TO THIS INFORMATION MUST BE MADE IN WRITING AND SIGNED BY THE REGISTRAR. THE REGISTRAR IS NOT RESPONSIBLE FOR THE CONTENTS OF THIS CERTIFICATE. THE REGISTRAR IS NOT A MEDICAL PROFESSIONAL AND DOES NOT PROVIDE MEDICAL ADVICE. THE REGISTRAR IS NOT A LAWYER AND DOES NOT PROVIDE LEGAL ADVICE. THE REGISTRAR IS NOT A SOCIAL WORKER AND DOES NOT PROVIDE SOCIAL WORK SERVICES. THE REGISTRAR IS NOT A COUNSELOR AND DOES NOT PROVIDE COUNSELING SERVICES. THE REGISTRAR IS NOT A CLERGY MEMBER AND DOES NOT PROVIDE RELIGIOUS SERVICES. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER PROFESSION AND DOES NOT PROVIDE SERVICES OF THAT PROFESSION. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER ORGANIZATION AND DOES NOT PROVIDE SERVICES OF THAT ORGANIZATION. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER GROUP AND DOES NOT PROVIDE SERVICES OF THAT GROUP. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER CLUB AND DOES NOT PROVIDE SERVICES OF THAT CLUB. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER SOCIETY AND DOES NOT PROVIDE SERVICES OF THAT SOCIETY. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER ASSOCIATION AND DOES NOT PROVIDE SERVICES OF THAT ASSOCIATION. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER ORDER AND DOES NOT PROVIDE SERVICES OF THAT ORDER. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER FRATERNITY AND DOES NOT PROVIDE SERVICES OF THAT FRATERNITY. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER LODGE AND DOES NOT PROVIDE SERVICES OF THAT LODGE. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER CHAPTER AND DOES NOT PROVIDE SERVICES OF THAT CHAPTER. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER BRANCH AND DOES NOT PROVIDE SERVICES OF THAT BRANCH. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER DISTRICT AND DOES NOT PROVIDE SERVICES OF THAT DISTRICT. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER TERRITORY AND DOES NOT PROVIDE SERVICES OF THAT TERRITORY. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER CONGREGATION AND DOES NOT PROVIDE SERVICES OF THAT CONGREGATION. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER SYNAGOGUE AND DOES NOT PROVIDE SERVICES OF THAT SYNAGOGUE. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER MOSQUE AND DOES NOT PROVIDE SERVICES OF THAT MOSQUE. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER TEMPLE AND DOES NOT PROVIDE SERVICES OF THAT TEMPLE. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER CHURCH AND DOES NOT PROVIDE SERVICES OF THAT CHURCH. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS ORGANIZATION AND DOES NOT PROVIDE SERVICES OF THAT ORGANIZATION. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS GROUP AND DOES NOT PROVIDE SERVICES OF THAT GROUP. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS CLUB AND DOES NOT PROVIDE SERVICES OF THAT CLUB. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS SOCIETY AND DOES NOT PROVIDE SERVICES OF THAT SOCIETY. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS ASSOCIATION AND DOES NOT PROVIDE SERVICES OF THAT ASSOCIATION. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS ORDER AND DOES NOT PROVIDE SERVICES OF THAT ORDER. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS FRATERNITY AND DOES NOT PROVIDE SERVICES OF THAT FRATERNITY. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS LODGE AND DOES NOT PROVIDE SERVICES OF THAT LODGE. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS CHAPTER AND DOES NOT PROVIDE SERVICES OF THAT CHAPTER. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS BRANCH AND DOES NOT PROVIDE SERVICES OF THAT BRANCH. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS DISTRICT AND DOES NOT PROVIDE SERVICES OF THAT DISTRICT. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS TERRITORY AND DOES NOT PROVIDE SERVICES OF THAT TERRITORY. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS CONGREGATION AND DOES NOT PROVIDE SERVICES OF THAT CONGREGATION. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS SYNAGOGUE AND DOES NOT PROVIDE SERVICES OF THAT SYNAGOGUE. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS MOSQUE AND DOES NOT PROVIDE SERVICES OF THAT MOSQUE. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS TEMPLE AND DOES NOT PROVIDE SERVICES OF THAT TEMPLE. THE REGISTRAR IS NOT A MEMBER OF ANY OTHER RELIGIOUS CHURCH AND DOES NOT PROVIDE SERVICES OF THAT CHURCH.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13530

13549

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Near Mt. Pleasant				d. STREET ADDRESS Near Mt. Pleasant		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Nora Middle Jane Last Green				4. DATE OF DEATH Month December Day 17 Year 19 59			
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 26, 1888		9. AGE (In years last birthday) yrs. 71	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Caroline Co., Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Richard Friend				14. MOTHER'S MAIDEN NAME Gertrude Cole			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] No		16. SOCIAL SECURITY NO. None		17. INFORMANT W. Medford Green, Preston, Maryland, RFD			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Right Cerebral Thrombosis 443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Generalized Arteriosclerosis DUE TO (c) Hypertensive Arteriosclerosis Test Brain						INTERVAL BETWEEN ONSET AND DEATH 3 days 10 y. 15 y.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 5/18 , 19 40 , to 12/17 , 19 59 , that I last saw the deceased alive on 12/16 , 19 59 , and that death occurred at 5:15A M, from the causes and on the date stated above.							
ACTUAL SIGNATURE Harry B. Plummer M.D.				ADDRESS (Street, city or town, state) Preston, Maryland		DATE SIGNED 12-18-59	
PHYSICIAN'S NAME (Type) Harold B. Plummer, M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Dec. 20, 1959		22c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery		22d. LOCATION (City, town, or county) (State) Near Preston, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalburg, Maryland				24a. REC'D BY REGISTRAR DATE DEC 21 '59		24b. REGISTRAR'S SIGNATURE Arthur L. Hines	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1935

2-5-35

NAME OF DECEASED

AGE

HUSBAND OR WIFE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF MINISTER

NAME OF FUNERAL HOME

NAME OF BURIAL PLACE

NAME OF CEMETERY

NAME OF CLERGYMAN

NAME OF FUNERAL HOME

NAME OF BURIAL PLACE

NAME OF CEMETERY

NAME OF CLERGYMAN

NAME OF FUNERAL HOME

NAME OF BURIAL PLACE

NAME OF CEMETERY

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NAME OF CEMETERY

NAME OF CLERGYMAN

NAME OF FUNERAL HOME

NAME OF BURIAL PLACE

NAME OF CEMETERY

CERTIFICATE OF DEATH

Reg. Dist. No.

13531

13550

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro				c. LENGTH OF STAY IN 1b 6 Yrs.			
d. NAME OF HOSPITAL (If not in hospital, give street address) Tribbett Nursing Home				e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro			
f. STREET ADDRESS None				g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Ella Virginia Hutson				4. DATE OF DEATH Month 12 Day 12 Year 19 59			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-5-1872	
9. AGE (In years last birthday) 87 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 24 HRS. Months Days Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None			
11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Robert Dawson				14. MOTHER'S MAIDEN NAME Harriett Trice			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. None			
17. INFORMANT Arthur Hutson Greensboro, Maryland				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Myocarditis 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Generalized Arteriosclerosis DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20g. (City or town) (County) (State)			
21. I certify that I attended the deceased from Sept. 10, 1958 , to Dec. 12, 1959 , that I last saw the deceased alive on Dec. 11, 1959 , and that death occurred at 4 A. M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE Charles H. Stonifer				ADDRESS (Street, city or town, state) Greensboro, Md. DATE SIGNED 12/12/59			
PHYSICIAN'S NAME (Type) Charles H. Stonifer, M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12-14-59		22c. NAME OF CEMETERY OR CREMATORY Greensboro		22d. LOCATION (City, town, or county) (State) Greensboro, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulares				24a. REC'D BY REGISTRAR DATE DEC 16 '59		24b. REGISTRAR'S SIGNATURE C. E. Jones	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline			
b. CITY OR TOWN (If outside corporate limits, write rural or post office name and town) Goldsboro				c. LENGTH OF STAY IN TB 20 Yrs.			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None				d. STREET ADDRESS None			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Minnie Middle M. Last Seward				4. DATE OF DEATH Month 12 Day 8 Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8-16-1881	
9. AGE (In years last birthday) 78 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Delaware	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Ezekil Dill				14. MOTHER'S MAIDEN NAME Catherine Poore			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Harry Seward Goldsboro, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 5 DAYS 1 YEAR							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FRACTURE LEFT FEMUR - SURGICAL OPEN REPAIR AUGUST, 1959							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from JAN , 19 58 , to 1959 , that I last saw the deceased alive on DEC. 7 , 19 59 , and that death occurred at 6:45 P.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) MAPLE AVENUE DATE SIGNED DEC. 10, 1959							
ACTUAL SIGNATURE Robert H. Wright				M.D. GREENSBORO, MD.			
PHYSICIAN'S NAME (Type) ROBERT H. WRIGHT, M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12-12-59		22c. NAME OF CEMETERY OR CREMATORY Odd Fellows		22d. LOCATION (City, town, or county) (State) Camden, Delaware	
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulton ADDRESS Greensboro, Md.				24a. REC'D BY REGISTRAR DATE DEC 14 '59		24b. REGISTRAR'S SIGNATURE Arthur E. Hanna	

TO HOSPITAL: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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